

GRIEVANCE FORM FACT SHEET

(Pages 1 & 2 must be completed for submission)

Party filing grievance:

Contractor:

Name

vs.

Name

Address/Phone

Address/Phone

Project Information:

Name of Project: _____

Location of Project: _____

Agreement under which contractor is working: _____

Date grievance occurred: _____

Applicable agreement provisions allegedly violated (be specific): _____

Brief statement of facts: _____

Remedy sought: _____

Has the opposing party been forwarded a copy of this grievance?

Yes No Date: _____

Individual submitting: _____

Title: _____ Address: _____

Phone Number: _____ Fax Number: _____

GRIEVANCE MEETINGS

Briefly state in the space provided the following pertinent facts:

Date of meeting, including; whether in person or telephonic, location, those in attendance, issues of discussion, and if any agreement or consensus was reached:

Step 1. (date) _____ location _____

Step 2. (date) _____ location _____

Step 3. (date) _____ location _____

Attach Supporting Documentation and Return to your Regional Office